

Mervyn Susser

Things that kept coming to mind while thinking through Susser's South African memoir

Miquel Porta

We still know too little on the historical influences of social and political forces on epidemiological research.

(1) The point of what follows is twofold. Firstly, a few old ideas. Along with professional and scientific values, ideological and moral values explain a great deal of our work as epidemiologists. Such values ought to be made explicit more often. It is hard or impossible to analyse the contributions of epidemiology without taking into account professional, scientific, ideological, and moral values of individual epidemiologists—as well as values and interests of the institutions, social organisations, governments and companies that nurtured the work. We often overlook that methods have their “own”—socially embedded—history, just as diseases, epidemiological evidence, or the “invisible colleges” and schools of epidemiology. The second reason comes later (point 18 below). A general assessment of the impact of Susser's work is not a purpose of this commentary.

(2) Susser begins the memoir when he was about 18 years old.^{1,2} It is a reasonable choice, but I would have liked to read more about his childhood, mother, father. This feeling that childhood determines so much what we later are, do... profession and everything else. If we are to understand a professional career, what is it that it is essential for us to know, of the child?^{3,4} We must respect that he chose not to tell us, this time.^{1,2}

(3) Similarly with “his” Zena; perhaps his stronger professional “determinant”. I like it, how much admiration he shows he felt for her, back in 1930s (“I was happy to meet Zena... remarkably in the culture of young schoolboys... we happily drove to Cape Town for the summer vacation...”).¹ Perhaps he owes—her, us, himself—an entire piece on Zena.

(4) I think of other couples I know of who often published together. “Susser M, Stein Z” or “Stein Z, Susser M”: from “a *Lancet*” in 1955 to “an *International Journal of Epidemiology*” in 2005: 50 years. Some 140 joint papers, about half of all his, about half of all hers; a dozen of his papers are with Ezra

(their second child), just a couple of hers are (these are the only papers authored by all three of them^{5,6}).

(5) For the Susser and colleagues social medicine had a “clinical care component”. They experienced patient work in the clinic as a way to practise “social medicine” (rather than “public health”). By contrast, today some people find sectors of clinical medicine quite removed from social concerns.

(6) After finishing the two parts of the memoir,^{1,2} I think readers may wish to know more about the nature of Susser's “social bent”¹ and “thoroughly leftwing political stance”²—for example, how did his cultural values, political understanding and social commitment matured, what were the other events and contextual influences, in which organisations and actions did the process take shape...?

(7) Susser's story with judges Ramsbotham and Schreiner²: it looks as a terribly typical mess during dictatorships. Some of their officers were rather good at playing all sorts of *chantage*. The consequences were often dramatic.

(8) Epidemiologists under dictatorships. A huge number of us, the “prevalent epidemiologists”, have lived part of our lives directly under or under the influence of dictatorial regimes. What did each epidemiologist/citizen do? Hitler, Stalin, Mussolini... the Franco dictatorship (1939–1977), Mao's cultural revolution (1966–1976), the Greek “dictatorship of the colonels” (1967–1974)... the open veins of Latin America...⁷ How much would knowledge on civic attitudes help understand academic records?

(9) Spain, late 1970s: Franco is dead since 1975 but his regime not so. I discover *Causal thinking*,⁸ love it. I read it in photocopies passed on to me by Jesús de Miguel, a sociologist and mentor⁹: he got the book from Joan Clos, then a junior epidemiologist, presently the mayor of Barcelona. We have no space now to analyse the parts epidemiology played in leftwing organisations before our “transición democrática”, or the cultural heritage of Franco's dictatorship.

Some 30 years later, the devastation of the latter is still felt in the public health system and in academia...^{9–11}

(10) Epidemiologists under war.¹² Austin Bradford Hill and the first world war (1914–1918),¹³ Archibald Cochrane and the Spanish Civil War (1936–1939)¹⁰... So many others and the second world war (1939–1945),^{14–17} and the wars for Vietnam (1945–1975),^{18,19} and...

(11) The 20th century as a blood vessel—the aorta—through the entirety of Mervyn and Zena's oeuvres; for example, “a *Science*”²⁰:

“The city of Warsaw was razed at the end of World War II and rebuilt under a socialist government whose policy was to allocate dwellings, schools, and health facilities without regard to social class. Of the 14,238 children born in 1963 and living in Warsaw, 96 percent were given (...) [tests] in 1974. (...) It is concluded that an egalitarian social policy executed over a generation failed to override the association of social and family factors with cognitive development that is characteristic of more traditional industrial societies.”²⁰

And September 11 (2001),⁵ the war in Iraq (2003–)²¹...

(12) I'm glad to admit that next comes yet another subjective statement: as in other works by Susser, in *Causal thinking*⁸ I've often found a richness and depth that I often missed in other discussions on causality, methods, science; for example, his conceptualisation and representation of the now rediscovered and expanded causal diagrams.^{12,22} Never had the feeling that his readings on philosophy or social sciences were improvised or a fashion.

(13) How much of his “epidemiological” thinking was influenced by his alter ego the sociologist?²³ A lot, it seems. Wasn't he rather unique—among the leaders of the field—during the hegemony of “modern epidemiology”? The advocates of risk privatisation never had much an appreciation for the social sciences; but many excellent researchers did, even if “social epidemiology” did not blossom again until later.²⁴ How would all these “field trends” affect an assessment of the impact of Susser's work?

(14) Thomson/ISI's *web of knowledge* registers about 430 citations to *Causal thinking*.⁸ Some 200 less than to Miettinen's *Theoretical epidemiology* of 1985. About one tenth the number of citations to Rothman's *Modern epidemiology* of 1986 and 1998. Sure, all three books are not exactly on the same ground (for example, Rothman's has more on *technique* than Susser's, and may hence be

more quotable in empirical papers); and sure we know the caveats of ISI's database²⁵; but still... Miettinen's paper "Estimability and estimation in case-referent studies" (*Am J Epidemiol* 1976) has accumulated over 1500 citations in the ISI database—no paper by Susser came close to that. There are also 300 additional citations to *Sociology in medicine*.²³ Still... Other things that kept coming to mind while thinking about Susser's South African memoir: popularity, influence, rigour, creativity, scientific achievements, social responsibility...²⁶

(15) Few of these "impacts" can be assessed with currently popular "information technologies" (for example, via Google, Amazon, ISI...). You may find some 400 "references" in Google Scholar to M Susser as author of academic papers; or 17 200 in "Crossref search"; or about 9700 in Google at large. Look at the "Amazon.com Sales Rank" (book rankings on 5 January 2006):

- *Causal thinking in the health sciences: concepts and strategies of epidemiology*. Rank: 2 498 160.
- *Theoretical epidemiology* by O Miettinen. Rank: 1 527 684.
- *A History of Epidemiologic Methods and Concepts* by A Morabia. Rank: 687 465.
- *Survival Analysis: A Self-Learning Text* by D Kleinbaum and M Klein. Rank: 77 749.
- *Modern Epidemiology* by K Rothman and S Greenland. Rank: 65 565.
- *A Dictionary of Epidemiology* by J M Last. Rank: 64 906.
- — *Essentials of Epidemiology in Public Health* by A Aschengrau and G Seage. Rank: 34 989.
- *Epidemiology for Public Health Practice* by R Friis and T Sellers. Rank: 27 547.
- *Epidemiology: Beyond the Basics* by M Szklo and F J Nieto. Rank: 18 170.
- *Epidemiology* by L Gordis. Rank: 2448.

(16) Anybody may see them as just "citations": the references to Susser papers by scientists who assessed the causal relations between human papillomavirus and cervical cancer.²⁷ Same thing for this (Susser's) paper²⁸ being cited by this (relevant) paper.²⁹ In other words: what meaning, what knowledge is the citation using? There's a need for qualitative assessments of the influence of Susser's thought upon crucial contemporary scientific, ethical, and other social issues (heredity, evolution, environment, genetics, ecology, public health, psychiatry, neurology, reproduction, obesity, nutrition, social values, policies...).³⁰ In an epidemiological culture largely dominated by the "expert" construct, is Susser as close as we can get to a blending of scientist and intellectual? Perhaps not.

Key points

Along with professional and scientific values, ideological and moral values explain a great deal of our work as epidemiologists. Such values, which are always interrelated, ought to be made explicit more often. It is hard or impossible to analyse the contributions of epidemiology without taking into account professional, scientific, ideological, and moral values of individual epidemiologists—as well as values and interests of the institutions, social organisations, governments and companies that nurtured the work. It is often overlooked that methods have their "own"—socially embedded—history, just as diseases, epidemiological evidence, or the "invisible colleges" of epidemiology. Better knowledge is needed of the historical influences of economic and political forces on epidemiological research, including epidemiological research on social and environmental equity and justice. Hopefully, more epidemiologists will follow Mervyn Susser's explicit acknowledgement that his "own" professional history was a socially embedded and constructed history.

(17) Although still uncommon, it is important and feasible for epidemiologists to assess the lifetime work of other epidemiologists with a critical and constructive attitude^{12 22 31}—while we await for professional historians to get more involved and hence help go beyond anecdotes.¹²

(18) The second main reason for the preceding paragraphs (indeed, for the whole set of papers on and by Susser) is best conveyed by these words from Stephen Jay Gould³²:

"The true, insightful, and fundamental statement that science, as a quintessentially human activity, must reflect a surrounding social context does not imply either that no accessible external reality exists, or that science, as a socially constructed institution, cannot achieve progressively more adequate understanding of nature's facts and mechanisms." (...) "Scientists should cherish good historical analyses for two compelling reasons: First, real, gutsy, flawed, socially embedded history of science is so immeasurably more interesting and accurate...". "Second, sophisticated social and historical analysis can aid both the institution of science and the work of scientists (...) by fracturing the objectivist myth that only generates indifference to self-examination, and by encouraging scrutiny of the social contexts that channel our thinking and frustrate our potential creativity." "An understanding of the social embeddedness of all aspects of science can forge an essential tie with humanistic studies and greatly aid the technical work of scientists." "The most harmful effect of objectivist mythology arises from its insidious role (...) in shielding scientists from recognizing their own biases."³²

(19) We still know too little about the social context in which epidemiological

methods "arise", research "occurs", and evidence is "produced", about the societal influences upon our studies. A great deal of the work of Mervyn Susser aims at that knowledge. Unfortunately, despite his and others' efforts,^{12 14 30} the technological, industrial, civilian, and political forces that during the 20th century furthered the evolution of epidemiological methods and evidence have seldom been professionally studied. Let us think, for instance, of methods to study health effects of environmental tobacco smoke or urban pollution, of the role of business organisations in commissioning epidemiological studies on occupational and environmental exposures and facilities (asbestos, lead, PCBs and dioxins, incinerators, nuclear plants), of the role of the chemical and food industries in shaping epidemiological research on the adverse effects of drugs and pesticides, of the influence of governmental and non-governmental organisations on research on social inequalities, climate change, environmental "disasters", industrial negligences...

(20) We need better knowledge of the historical influences of economic and political forces on epidemiological research, including epidemiological research on social and environmental equity and justice. Hopefully, more epidemiologists will follow Mervyn Susser's rather explicit acknowledgement that his "own" professional history was—undeniably, legitimately—a socially embedded and constructed history.

ACKNOWLEDGEMENTS

Our unit is supported in part by grants from "Red temática de investigación cooperativa de centros en Cáncer" (C03/10) and "Red temática de investigación cooperativa de centros en Epidemiología y salud pública" (C03/09), Instituto de Salud Carlos III. Some of the ideas of this paper were previously sketched in the Newsletter of the International Epidemiological Association (IEA) European Epidemiology Federation (2004, winter, pp 5–6); others were presented at a session on the history of epidemiology that I chaired with Alfredo Morabia during the 17th IEA World Congress of Epidemiology (Bangkok, 21–25 August 2005).

J Epidemiol Community Health 2006;**60**:559–561.

doi: 10.1136/jech.2005.043661

Correspondence to: Professor M Porta, Clinical and Molecular Epidemiology of Cancer Unit, Institut Municipal d'Investigació Mèdica (IMIM), Universitat Autònoma de Barcelona, Carrer del Dr. Aiguader 80, E-08003 Barcelona, Catalonia, Spain; mporta@imim.es

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Speaker's corner

The health society: the need for a theory

While many public health experts maintain that theory is not particularly important to their business they of course usually have one, implicit as it may be. Or at least they have an ideology. When I started to become involved in public health the leading theoretical framework was by Michel Foucault.¹ He showed how society was subject to a process of medicalisation and described the extent to which the medical eye exerted ever more control over matters of everyday life. Much of the critical debate around health promotion and lifestyles reflects this approach.

But as we look around us we see an inflation of health and wellness that does not quite fit this model—in particular because much of the driving force now comes from the market. At a time when the medical profession still criticises the World Health Organisation's definition of health as utopian the wellness revolution has set in. At a time when certain member states of WHO still refuse to recognise that health is a human right the biotechnology industry maintains that it is. The Ottawa Charter for health promotion stated that "health is created in the context of everyday life" and indeed we now meet it everywhere, primarily as a product. I believe that we must begin to rethink the premise of critical health analysis.

Is there a way to make sense of this? I believe we can if we begin to frame the present development in health in relation to what has been termed the "consequences of modernity".² Modernity is highly dynamic and it has one big message: expansion. It drives the continuous increase of options, the increased participation in these options and the right to minimal participation in the options that are available. By definition modernity sees itself as infinite: more is always possible, something else is always possible. In health we see the expansion of the do-ability of health, the expansion of the territory of health, and the expansion of the reflexivity of

health. In everyday language we could say: more health is always possible,³ health is everywhere and every choice in daily life potentially becomes a choice for or against health.⁴

We need to understand better what this means particularly in relation to increased choice, commercialisation, and inequality. Above all we need to understand what it means for people in the context of their everyday life—what is gained and what is lost. Health policy still works on the premise of restricting expenditure and trying to control the expansion of the medical sector. Yet health in principle is infinite and its very expansion constitutes a significant part of the economic growth and productivity of modern societies. Critical public health analysis still has a knee jerk reaction to anything that implies personal responsibility and choice rather than tackle the overwhelming health determinants. Yet all recent patient surveys show that people want more choice. And the representatives of the market still pretend that there is an autonomous consumer out there that knows exactly what is best for health. Yet research shows clearly the private sector impact on the present obesity epidemic. Let's start thinking outside the box and develop models of analysis that are up to the developments of the health society and its rapid growth. There is—as Kurt Lewin once said—nothing more practical than a good theory.

Correspondence to: Professor Ilona Kickbusch, Tiefental Postfach 434 Brienz BE, Switzerland, CH3855; kickbusch@bluewin.ch

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